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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Advance Directive	Do you have a completed advance directive?										Χ			
Adverse Childhood														
Experience	Did you live with anyone who was depressed, mentally ill, or suicidal?											Χ	Χ	
Adverse Childhood														
Experience	Did you live with anyone who was a problem drinker or alcoholic?											X	Χ	
Adverse Childhood	Did you live with anyone who used illegal street drugs or who abused													
Experience	prescription medications?											X	Χ	
Adverse Childhood	Did you live with anyone who served time or was sentenced to serve time in													
Experience	a prison, jail, or other correctional facility?											X	Χ	
Adverse Childhood														
Experience	Were your parents separated or divorced?											X	Χ	
Adverse Childhood	How often did your parents or adults in your home ever slap, hit, kick,													
Experience	punch or beat each other up?											X	Х	
Adverse Childhood	Before age 18, how often did a parent or adult in your home ever hit, beat,													
Experience	kick, or physically hurt you in any way?											X	Х	
Adverse Childhood	How often did a parent or adult in your home ever swear at you, insult you,													
Experience	or put you down?											X	Χ	
Adverse Childhood	How often did anyone at least 5 years older than you or an adult, ever touch													
Experience	you sexually?											Х	Х	
Adverse Childhood	How often did anyone at least 5 years older than you or an adult, try to													
Experience	make you touch them sexually?											Х	Х	
Adverse Childhood	How often did anyone at least 5 years older than you or an adult, force you													
Experience	to have sex?											Χ	Χ	
Alcohol Consumption	In past month, how often had at least one alcoholic drink?	Х	Х	X	Х	Х	Х	Х	Х	X	Х	Χ	Х	Х
'	In past month, number of days per week or month that had at least one													
Alcohol Consumption		Х					Х	Х	Χ	Х	Χ	Χ	Х	Х
Alcohol Consumption	On days drank, how many drinks did you have on average?	Х	Χ	X	Х	Χ	Х	Х	Χ	X	Χ	Χ	Х	Χ
	How many times in past 30 days, had 5 or more drinks on an occasion?													
Alcohol Consumption	Later changed to 5 (men) and 4(women)	Χ	Х	Х	Χ	Χ	Χ	X	Х	Х	Χ	Χ	Х	Χ
Alcohol Consumption	How many times had 4 or more drinks on an occasion? (women only)				Х									
Alcohol Consumption	In past month, largest number of drinks had on any occasion?						Х	X	X	Х	Χ	Х	Х	Х
	Doctor or other HCP eer talked with your about alcohol use?												Х	

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Alternative Medicine														
(CAM)	In past 12 months, used any such alternative medicine or practice? (CAM)								Х		Χ			
Alternative Medicine														
(CAM)	In past 12 months, taken high dose vitamins or herbal supplements?										Χ			
Alternative Medicine														
(CAM)	Discussed alternative health care or CAM with PCP?										Χ			
	During past 12 months, had pain, aching, stiffness or swelling in or around													
Arthritis/Joint Pain	a joint?	X	X											
Arthritis/Joint Pain	These symptoms present on most days for at least a month?	X	Х											
Arthritis/Joint Pain	Joint symptoms first begin more than 3 months ago?			X	X		X		X					
Arthritis/Joint Pain	Now limited in any way in any activities because of joint symptoms?	X	Χ	X	Х		X		X		Χ		Χ	
Arthritis/Joint Pain	Ever seen doctor for these joint symptoms?		Χ	X	Х		X		X					
Arthritis/Joint Pain	Ever been told by doctor that had arthritis?	X	Χ	Х	Х		Х	Х	Х		Χ		Х	Х
Arthritis/Joint Pain	Currently being treated by doctor for arthritits?	X	Χ											
	Arthritis or joint symptoms affect whether you work, type of work do, or													
Arthritis/Joint Pain	amount of work do?			X	Χ		X				Χ		Χ	
	In past month, extent that arthritis or joint symptoms interfered with normal													
Arthritis/Joint Pain	social activities?										Χ		Х	
Arthritis/Joint Pain	In past month, how bad was joint pain on average?										Χ		Χ	
Arthritis/Joint Pain	Past 30 days, pain, aching, stiffness in or around joint?			Х										
Arthritis/Joint Pain	What type of arthritis did doctor say you have?	Х												
Arthritis/Joint Pain	How limiting is arthritis or joint symptoms, TODAY?				Х									
	Doctor ever suggested losing weight to help with arthritis or joint													
Arthritis/Joint Pain	symptoms?				X									
	Doctor ever suggested physical activity or exercise to help with arthritis or													
Arthritis/Joint Pain	joint symptoms?				Χ									
	Ever taken educational course on how to manage problems related to													
Arthritis/Joint Pain	arthritis or joint symptoms?				Х									

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Asthma-Adult	Ever told by a doctor you had asthma?	X	Х	X	X	X	X	X	Χ	Χ	Χ	X	Χ	X
Asthma-Adult	Still have asthma?	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Χ	Х
	In past 12 months, doctor taught you to recognize early signs and													
Asthma-Adult	symptoms of asthma attack?		X			X	X							
Asthma-Adult	In past 12 months, doctor gave you written asthma plan?		Χ			Х	Х							
	You and doctor worked out: ways to reduce asthma triggers, medicines to													
	be taken regularly, medicines to be used in case of asthma attack, when to													
Asthma-Adult	call doctor, when to go to emergency room.		Х			X								
	In past 12 months, number of times visited ER or urgent care center													
Asthma-Adult	because of asthma?		X	X	X	Χ	Х							
Asthma-Adult	In past 12 months, had an asthma episode?			X	Х	Х	Х							
Asthma-Adult	Age first told have asthma?				Х	Х	Х							
	In past 12 months, number of times saw doctor for urgent treatment of your													
Asthma-Adult	asthma?			X	X	Х	Х							
	In past 12 months, number of times saw doctor for routine visit for your													
Asthma-Adult	asthma?			X	X	X	X							
	In past 12 months, number of days unable to work or carryout usual													
Asthma-Adult	activities because of asthma?			X	Х	Χ	Х							
Asthma-Adult	During the past 30 days how often have you had any asthma symptoms?				x	X	x							
Astrilla-Addit	During past 30 days how many days did asthma symptoms make it difficult													
Asthma-Adult	to stay asleep?				X	Х	Х							
Astriiria-Addit	·				^		_^						-	
A a t la a . A al I t	During the past 30 days how often taken asthma medication prescribed by			\ \ <u>\</u>	\ \	, , , , , , , , , , , , , , , , , , ,	, , ,							
Asthma-Adult	a doctor?			X	Χ	Х	X							
المالية المالية المالية	During past 30 days how often used prescription asthma inhaler during an													
Asthma-Adult	asthma attack to stop it?						X							
Asthma-Adult	Doctor ever told you asthma related to any job ever had?					X	X							
Asthma-Adult	Ever told doctor asthma related to any job ever had?					X	X							

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	Number of children in household diagnosed with asthma?/Randomly													
Asthma-Child	selected child has asthma?		X	X	X	X	X	X	Х	Χ	Χ	Χ	Χ	
	Number of children in household who still have asthma?/Randomly													
Asthma-Child	selected child still has asthma?		X	X	X	X	X	X	X	X	Χ	Χ	Χ	
	When was child diagnosed with asthma?/Randomly selected child still has													
Asthma-Child	asthma?						X							
	In past 12 months, number of times child visited ER or urgent care because													
Asthma-Child	of asthma attack?						X							
i	In past 12 months, number of days child unable to attend school or													
Asthma-Child	participate in regular activities because of asthma?						X							
	How long since child's parent/guardian last talked to doctor about child's													
Asthma-Child	asthma?				X									
	Doctor ever taught child or parent/guardian to recognize early signs and													
Asthma-Child	symptoms of asthma episode?				X		X							
	Doctor ever taught child or parent/guardian what to do during asthma													
Asthma-Child	episode?				X		X							
Asthma-Child	Doctor ever taught child or parent/guardian how to monitor peak flow?				Х									
Asthma-Child	Doctor ever given child or parent/guardian written management plan?				X		X							
Asthma-Child	Respondent knowledgeable about medical care of child with asthma?				Х									
	How much agree with: Confident that I can take actions that will help													
	prevent or minimize some symptoms or problems associated with my													
Blueprint	health?								Х	X	Χ			
Blueprint	How much agree with: I am the person responsible for managing my health								Х	Х	Χ			
Біабріні	How much agree with: I have been able to maintain the lifestyle changes for													
Blueprint	my health that I have made.								Х	Х	Χ			
Blueprint	Ever heard of HLW or community walking programs?								X	X	X			
Breast Cancer Risk	Ever had breast biopsy?					Х	Χ							
Breast Cancer Risk	Number of breast biopsies?					X	Х							
Breast Cancer Risk	Any abnormal results from breast biopsies?					X	Х							
Breast Cancer Risk	Mother, sister or daughter ever told by doctor have breast cancer?					Х	Х							
	How many of your mother, sisters or daughters have been told they have													
Breast Cancer Risk	breast cancer?					Χ	Х							
Breast Cancer Risk	Age when period or mentrual cycles started?					X	X							
Breast Cancer Risk	Ever given birth to live infant?					X	X							
Breast Cancer Risk	Age when first infant was born?					X	X							
23.27 2300. 1010	Considering all infants, how long would you say you breastfed in your					- •	,,							
Breast Cancer Risk	lifetime?					Х	X							
Dicast Carloci Hisk	meune.					^								

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	Ever told by doctor that have cancer? (some years distinguishes last year													
Cancer	vs. not)					Х	X	X	X	X	Χ	Χ		
Cancer	Ever told by doctor that you had skin cancer?												Χ	Х
Cancer	Ever told by doctor that you had any other type of cancer?												Χ	Х
Cancer	Number of types of cancer had?										Χ			Χ
Cancer	Age first told you had cancer?										Χ			Х
Cancer	What is most recent type of cancer you've had?										Χ			Х
Cancer	Was your cancer basal cell or squamous cell skin cancer?									Х		Χ		Х
Cancer	Currently receiving treatment for cancer?										Χ			Х
Cancer	What type of doctor do you think of as your personal HCP?										Χ			Х
Cancer	Any doctor ever give you written summary of all the treatments you received?										Х			Х
Odricei														
	Ever received advice from doctor about where you should return or who you										.,			\ \
Cancer	should see for routine cancer check-ups once treatment complete?										X			X
Cancer	Was this advice written down or printed on paper for you?										Χ			Χ
Cancer	With most recent diagnosis of cancer, have health insurance to pay some or all of cancer treatment?										Χ			Х
Cancer	Ever denied health or life insurance because of your cancer?										Χ			Χ
Cancer	Participate in clinical trial as part of your cancer treatment?										Χ			Х
Cancer	Feel you have physical pain caused by your cancer or treatment?										Χ			Χ
Cancer	Feel your pain is currently under control?										Χ			Χ
Cardiovascular	Ever told had a heart attack, also called a myocardial infarction? (some													
Disease Prevalence	years distinguishes last year vs. not)		X		X	Х	Х	X	X	X	Χ	Χ	Χ	Х
Cardiovascular	Ever told had angina or coronary heart disease? (some years distinguishes													
Disease Prevalence	last year vs. not)		Х		X	Х	Х	Х	Х	X	Χ	Χ	Х	Х
Cardiovascular	, ,													
Disease Prevalence	Ever told had a stroke? (some years distinguishes last year vs. not)		X		X	Х	Х	X	X	X	Χ	Х	Х	Х
Cardiovascular	Ever told flad a stroke: (some years distinguishes last year vs. flot)				^		_^			^		^	^	^
Disease Prevalence	Think sudden trouble seeing in one or both eyes is a symptom of a stroke?									X				
Cardiovascular														
Disease Prevalence	Think sudden chest pain is a symptom of a stroke?									X				
Cardiovascular														
Disease Prevalence	Think severe headache with no known cause is a symptom of a stroke?									X				
Cardiovascular	If thought someone was having a heart attack or stroke, what is first thing													
Disease Prevalence	you'd do?									Х				
	There are situations where people provide regular care of assistance to a													
	family member to a friend who is elderly or has a long-term illness/disability.													
Caregiving	During the past month, did you provide any such care or assistance?	Χ									Χ			
-	Who would you call to arrange short or long-term care in the home for an													
Caregiving	elderly relative or friend who was no longer able to care for themselves?	Χ												

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	On average how many hours per day does your child watch TV or use a													
Childhood Obesity	computer for fun or video games?						X	X	X					
Childhood Obesity	Doctor ever told you child is overweight?						Х	Х	Х					
Cholesterol														
Awareness	Ever had your blood cholesterol checked?		Χ		Х		Х		X		Χ		Х	
Cholesterol														
Awareness	How long since last had blood cholesterol checked?		Χ		Х		Х		Х		Χ		Х	
Cholesterol														
Awareness	Ever been told by a doctor that you had high blood cholesterol?		Χ		Х		Х		Х		Х		Х	
Cholesterol	In past 12 months, doctor ever told you to eat fewer high fat or high													
Awareness	cholesterol foods?				Х									
Cholesterol														
Awareness	In past 12 months, doctor ever told you to eat more fruits and vegetables?				Х									
Cholesterol														
Awareness	In past 12 months, doctor ever told you be more physically active?				Х									
Citizenship	Moved to US as immigrant of refugee within past 10 years?		Χ											
-	Has HCP ever said that you have, or another adult in your household 18 or													
Cognitive Impairmen	t older has Alzheimer's Disease or some other form of dementia?													Х
Colorectal Cancer	Doctor ever given you or immediate family member diagnosis of colon or													
Screening	rectal cancer?								Х					
Colorectal Cancer	rectal cancer:													
Screening	Doctor ever advised you to get screened for colon or rectal cancer?							Х						
Colorectal Cancer	Doctor ever advised you to get screened for colorr or rectal cancer:							_^						
Screening	Ever had blood stool test using home kit?		Х	Х		Х		Х	Х	X		Х		Х
Colorectal Cancer	Liver riad blood stool test daing nome kit:													
Screening	How long since last blood stool test using home kit?		Х	Х		Х		Х	Х	Х		Х		Х
Colorectal Cancer	Thow long since last blood stool test daing home kit:													
Screening	Ever had sigmoidoscopy or colonoscopy?		Х	Х		Х		Х	Х	X		Х		Χ
Colorectal Cancer	Liver riad significations copy or colonoscopy:													
Screening	Was most recent exam sigmoidoscopy or colonoscopy?								Х	X		Х		Х
Colorectal Cancer	Treas most recent exam signicial scopy of colonoscopy:												\vdash	
Screening	How long since last sigmoidoscopy or colonoscopy?		Х			Х		Х	Х	Х		Х		Х
	Doctor ever told you had COPD? (some years distinguishes last year vs.													
COPD	, , ,			\ \ \	\ <u>\</u>	V	V		\ \ \	\ _\ \				V
COPD	not)			X	X	X	X		X	X			X	Χ

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Demographics	In what town is your primary care doctor's office?	Х	Х	Х	X	Х	Х	X	Х	Х	Х	Χ	Χ	Χ
Demographics	Age	Х	X	X	Х	Х	X	X	Х	Х	Х	Χ	Х	Χ
	Race (In 2000 - only one response allowed, 2001 forward - multiple and													
Demographics	preferred)	X	Χ	X	X	X	X	X	X	X	Χ	Χ	Х	Χ
Demographics	Ethnicity (in 2000 - Spanish or Hispanic, 2001 forward - Hispanic or Latino)	X	X	X	X	X	X	X	X	X	Χ	X	X	Χ
Demographics	Marital Status	X	X	X	X	X	X	X	X	X	Χ	X	X	Χ
Demographics	Children in household, age groups <5, 5-12, 13-17	X				X								
Demographics	Children in household, total under 18		X	X	X	X	X	X	X	X	Χ	Χ	Х	Χ
Demographics	Education level	X	X	X	X	X	X	X	X	X	Χ	Χ	Х	Χ
Demographics	Employment status	X	X	X	X	X	X	X	X	X	Χ	Χ	Х	Χ
Demographics	Household Income	X	X	X	X	X	X	X	X	X	Χ	Χ	Х	Χ
Demographics	Ever served on active duty in US Armed Forces?	X			X	X	X	X	X	X	Χ	Χ	Х	Χ
Demographics	Which of the following describes your service in US military?				X	X								
Demographics	Current military status?	X												
Demographics	In past 12 months, received some or all of health care from VA facilities?	X			X	X								
Demographics	Weight without shoes?	X	X	X	X	X	X	X	X	X	Χ	X	X	Χ
Demographics	How much would you like to weigh?	X			X									
Demographics	How much weighed a year ago?								X	X	Χ			
Demographics	Was change between current weight and that a year ago intentional?								X	X	Χ			
Demographics	About how tall without shoes?	X	X	X	X	X	X	X	X	X	Х	Х	Х	Х
Demographics	Body Mass Index (calculated using height and weight)	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	County of Residence?	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Zip Code where live?	71	7.		- / (X	X	X	X	X	X	X	X
Demographics	Town of Residence?	X	Х	Х	Х	Х	X	X	X	X	X	X	X	X
Demographics	More than one telephone number in household?	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Number of residential telephone numbers?	X	X	X	X	X	X	X	X	X	X	X	X	X
		- 7 1			7.				- 7 1	- 1		7.	7 (- , .
Demographics	Number of adults in household currently use cell phone for any purpose		Х											Х
Demographics	Have cell phone for personal use?										Х	Χ	Χ	Χ
	Do you share a cell phone (at least 1/3 of the time) for personal use with													
Demographics	other adults?										Χ	Χ	Х	Χ
	Do you usually share this cell phone (at least 1/3 of the time) with any other													
Demographics	adults?										Χ	Χ	Х	Χ
Demographics	What percent, between 0 and 100, are received on your cell phone?										X	X	X	X
<u> </u>	In past 12 months, household been without telephone service for 1 week or													
Demographics	more?				X	Х	Х	Х	Х	X	Χ	Х		
Demographics	Gender	Х	X	Х	X	X	X	X	X	X	X	X	X	Χ
Demographics	Currently pregnant?	X	X	X	X	X	X	X	X	X	X	X	X	X
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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Demographics	Rent or own home?												Χ	X
Demographics	Body Mass Index	Х		Х	X	Χ	Х	Χ	Χ	Χ	Х	Χ	Χ	X
Demographics	Body Mass Index - 3 levels category	Х	Χ	Х	X	Χ	Х	Χ	Χ	Χ	Х	Χ	Χ	Х
Demographics	Risk factor for overweight or obese	Х	Χ	Х	Х	Χ	Х	Х	Х	Χ	Х	Χ	Χ	X
Demographics	Income categories					Χ	Х	Х	Х	Χ	Х	Χ	Χ	X
Demographics	Level of education completed					Χ	X	X	Х	Χ	Χ	Χ	Χ	X
Demographics	Preferred race category		Χ	Х	Х	Χ	X	X	Х	Χ	Χ	Χ	Χ	X
Demographics	Multiracial race categorization		Χ	Х	Х	Χ	X	X	Х	Χ	Χ	Χ	Χ	X
Demographics	Children in household					Χ	Х	Χ	Χ	Χ	Х	Χ	Χ	Х
Demographics	Child multi-race categories													

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	Doctor ever told have a depressive disorder, including depression, major													
Depression	depression, hysthymia, or minor depression?							X		X		Χ	Χ	Χ
	In past year, had two weeks or more where felt sad, blue or depressed or													
Depression	lost all interest in things that you really cared about or enjoyed?	X	Х	X	X	X	X							
	Had two or more years in life when felt depressed or sad most days, even if													
Depression	felt ok sometimes?	Х	Х	Х	X	Х	X							
Depression	Have you felt depressed or sad much of the time in the past year?	Х	Χ	Х	Х	Х	Х							
Depression	How much of time in past week did you feel depressed?	Х	Χ	Х	Х	Х	Х							
	In the past year, gotten professional counseling or treatment for sadness or													
Depression	depression?			X	X									
Depression	In past 30 days, how many days felt blue, sad or depressed?				Х	Х	Х							
Depression	In past 30 days, how many days felt worried, tense, or anxious?				Х	Х	Х	Х						
Depression	In past 30 days, how many days felt did not get enough rest or sleep?				Х	Х	Х			Х	Х	Х		
Depression	In past 30 days, how many days felt healthy and full of energy?				Х	Х	Х							
	In last two weeks, how many days had little interest or pleasure in doing													
Depression	things?							X		Х		Х		
Depression	In last two weeks, how many days felt down, depressed or hopeless?							Х		Х		Χ		
	In last two weeks how many days had trouble falling asleep, staying asleep													
Depression	or sleeping too much?							X		Х		Х		
Depression	In last two weeks, how many days felt tired or had little energy?							Х		Х		Χ		
	In last two weeks, how many days have you had a poor appetite or eaten													
Depression	too much?							X		Χ		Χ		
	In last two weeks, how many days have you felt bad about yourself or that													
Depression	you were a failure or had let yourself or your family down?							X		X		Χ		
	In last two weeks, how many days have you had trouble concentrating on													
Depression	things?							X		X		Χ		
	In last two weeks, how many days have you moved or spoken so slowly													
	that other people could have noticed? Or the opposite, so fidgety and													
Depression	restless that moving around more than usual?							X		X		Χ		
Depression	Calculated depression severity in last two weeks							Х		Х		Χ		
Depression	Calculated ever told have anxiety or depressive disorder							Х		Х		Χ		
Depression	Doctor ever told you that you have an anxiety disorder?							Х		Х		Х		
Depression	In past 30 days, how often felt nervous?								Х		Х			
Depression	In past 30 days, how often felt hopeless?								Х		Х			
Depression	In past 30 days, how often felt restless?								Х		Х			
'	In past 30 days, how often felt so depressed that nothing could cheer you													
Depression	up?								Х		Χ			
Depression	In past 30 days, how often did you feel everything was an effort?								Х		Χ			
Depression	In past 30 days, how often did you feel worthless?								X		X			
	In past 30 days, how many days did emotions or feelings keep you from													
Depression	doing your work or other usual activities?								Х		Х			

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	Now taking medication or receiving treatment from doctor for any type of													
Depression	mental health condition or emotional problem?								X		Х			
	How much agree with: treatment can help people with mental illness lead													
Depression	normal lives?								X		X			
	How much agree with: people are generally caring and sympathetic to													
Depression	people with mental illness?								X		Χ			
Diabetes	Ever told by a doctor you have diabetes?	X	Х	Х	X	X	X	Χ	Х	Х	Χ	X	Х	X
Diabetes	Age first told have diabetes?	Х	Х	X	X	Х	Х	X	X	X	Х	Х		Х
Diabetes	Now taking insulin?	X	Χ	X	X	X	Х	X	Х	Χ	Х	Х		Х
Diabetes	Now taking diabetes pills?	X	Χ	X	X	X	Х	X	Х					
Diabetes	How often do you check your blood for glucose or sugar?	Х	Х	X	X	X	Х	Х	X	Х	Х	Х		Х
Diabetes	How often do you check your feet for sores or irritations?	X	Х	X	X	X	X	Χ	Х	Χ	Х	Х		Х
	Ever had any sores or irritations on your feet that took more than four													
Diabetes	weeks to heal?	X	Х	Х	X	X	X	Х	Х					
Diabetes	How many times in past year seen doctor for your diabetes?	Х	Х	Х	X	Х	Х	Χ	Χ	Χ	Χ	Х		Х
	How many times in past year has doctor checked your hemoglobin for													
Diabetes	A1C?	X	Х	X	X	X	X	Χ	Х	Χ	Χ	Χ		Х
	How many times in past year has doctor checked your feet for sores or													
Diabetes	irritations?	X	Х	X	X	Х	X	Χ	Х	Х	Х	Х		Х
Diabetes	Last time had an eye exam in which pupils were dialated?	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Х		Х
	Doctor ever told you that diabetes has affected your eyes or that you had													
Diabetes	retinopathy?	X	Х	X	X	X	X	Χ	Х	Х	Χ	X		X
Diabetes	Ever taken course in how to manage your diabetes?	X	Χ	Х	X	X	X	X	Х	Χ	X	Х		X
Diabetes	First told have diabetes during pregnancy?		Χ	Х	X	X	X							
Diabetes	Was there period of time after pregnancy when did not have diabetes?		Χ	Х	X	X	X							
Diabetes	Ever tested for diabetes?		Χ											
Diabetes	Had a test for high blood sugar or diabetes within the past 3 years?									Х	Χ	Χ		Χ
Diabetes	Ever told by a doctor that you have pre-diabetes?									Χ	Χ	Χ		Х
	Number of servings of milk or milk products have per day/week/month or													
Dietary Calcium	year	X												

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Tamia Avaa	Overtion Description	0000	0001	0000	0000	0004	0005	0000	2007	0000	2000	0010	0011	0010
Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	Limited in any way in any activities because of physical, mental or													ı
Disability	emotional problems?	X	Х	X	X	X	X	X	X	X	X	Χ	X	Х
Disability	Have health problem that requires special equipment?		X	X	X	Χ	X	X	X	Χ	X	X	X	X
Disability	What is the major impairment or health problem that limits you activities?	X			X	X	X							
Disability	How long have activities been limited because of your major impairment or	Х			Х	Х	Х							
	In past 30 days, how many days did pain make it hard for you to do usual													
Disability	activities?	Х			Х		Х	X						
	Because of health problem, need help of other persons for personal care													
Disability	needs?		Χ	X	Х	Х		X						
Disability	Who usually helps with your personal care needs?		Χ	Х	Х									
Disability	Adequacy of assistance to meet personal care needs?			Х	Х									
,														
Disability	Because of health problem, need help of other persons for routine needs?		Χ	X	Χ									
Disability	Who usually helps with your routine needs?		Χ	Х	Х									
Disability	Adequacy of assistance receive to meet routine needs?		Χ	Х	Х									
Drinking and Driving	In past month, how many times driven when had too much to drink?	Х	Χ	Х	Х	Х	Х	Х	Х	Χ		Χ		Х
	In past month, how many times have you ridden with a driver who had													
Drinking and Driving	perhaps too much to drink?				Х									
	How likely is someone to be stopped by police for driving after having too													
Drinking and Driving	much to drink?	Χ	Х	X		Х								
Environmental	In past 12 months, had illness or symptom that you think was caused by the													
Factors	air inside a home, office, or other building?					Х								
Environmental	In past 12 months, had an illness or symptom that you think was caused by													
Factors	pollution in the air outdoors?					Х								

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Topic Area Exercise/Physical	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Activity	During the past month, participated in physical acitivites or exercise?	Х	X	Х	X	Х	Х	X	X	X	Х	Х	Х	X
Exercise/Physical	Type of physical activity or exercise participated in most? (Repeated addt'l	^	^	^		^	^		^	^	^			
Activity	activity)	Х											X	
Exercise/Physical	activity)	^												
Activity	How far usually walk/run/jog/swim? (repeated addt'l activity)	Х												
Exercise/Physical														
Activity	Times per week or month take part in this activity? (Repeated addt'l activity)	X											X	
Exercise/Physical	When participated, for how many minutes or hours kept at it? (Repeated													
Activity	addt'l activity)	Х											Х	
Exercise/Physical	Responses of 'other' to type of physical activity participated in most													
Activity	(Repeated additional activity)												X	
Exercise/Physical	Another physical activity participated in during last month? (Repeated addt'l													
Activity	activities)	X												
Exercise/Physical	During past month, times per week or month participated in activities to													
Activity	strengthen muscles (not aerobic activities)?												X	
Exercise/Physical														
Activity	Amount of physical activity at work		X		X		X	X	X		Χ			
Exercise/Physical	In usual week, participate in moderate physical activities for at least 10													
Activity	minutes at a time?		X		X		X	X	X		Χ			
Exercise/Physical														
Activity	Times per week do moderate activities for at least 10 minutes?		X		X		X	X	X		Χ			
Exercise/Physical	On days do moderate activities, how much total time per day spend doing													
Activity	them?		X		Х		Х	X	X		Χ		<u> </u>	
Exercise/Physical													'	
Activity	Meets moderate physical activity recommendations				X		Х	Х	Х		Χ			
Exercise/Physical	In usual week, participate in vigorous activities for at least 10 minutes at a		\ \ <u>\</u>		\ \ <u>\</u>			\ \ \	\ \ \		.,		'	
Activity Exercise/Physical	time?		Х		Х		Х	X	X		Х			
,	Times per week do vigorous activities for at least 10 minutes?		X		X		Х	X			Х		'	
Activity Exercise/Physical	On days do vigorous activities, how much total time per day spend doing		Α				Λ	Α	X		Λ			
Activity	them?		X		X		Х	X	X		Х		'	
Exercise/Physical	(HGIII:												-	
Activity	Meets vigorous physical activity recommendations				X		Х	X	X		Х			
Falls	In past 3 months, had a fall?				Х			Х		Х	Χ	Х		Χ
Falls	Injured in fall?				Х			Х		Χ		Х		Χ
Falls	In past 12 months, fallen to ground? (Limited 60+)		Х	Χ	Х	Х	Х	Х	Х					
Falls	In past 3 months, number of times fallen										Χ			

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Family Planning	Pregnant in last 5 years?	Х	Χ	Χ	X	X								
Family Planning	Any sex partners pregnant by you in last 5 years?	X	Χ	Х	X	Х	X							
	Thinking of last pregnancy, just before you got pregnant, how did you feel													
Family Planning	about becoming pregnant?	X	Х	X	X	X								
	Thinking back to just before you got pregnant with your current pregnancy,													
Family Planning	how did you feel about becoming pregnant?	X	Χ	X	X	X								
	Thinking back to the last pregnancy, just before your partner got pregnant,													
Family Planning	how did you feel about her becoming pregnant?	X	Χ	X	X	X	X							
Family Planning	You/Partner using any kind of birth control now?	Х	Χ											
Family Planning	Did you/partner use birth control last time you had sex?													X
Family Planning	What kinds of birth control are you/partner using now?	Х	Χ			Х								
, ,	What did you/partner do the last time you had sex to keep you from getting													
Family Planning	pregnant?													Х
Family Planning	What are you/partner doing now to keep from getting pregnant?			Х		Х								
Family Planning	What other method are you also using to prevent pregnancy?			Х										
Family Planning	Reasons for not using any birth control now?	Х	Х											
, ,	Reasons for not doing anything the last time you had sex to keep you from													
Family Planning	getting pregnant?													Χ
Family Planning	Main reason for not doing anything to keep from getting pregnant?			Х		Х								
Family Planning	How do you feel about having child now or in the future?					Х								Х
Family Planning	How soon would you want to have a child?					Х								
, ,	HCW ever talked with your about ways to prepare for a healthy pregnancy													
Family Planning	and baby?													Χ
Family Planning	Ever been pregnant?													Х
Firearms	Any firearms now kept in or around your home?		Χ	Χ		Х								
Firearms	Is there a firearm in or around your home that is now loaded and unlocked?		Χ											
Firearms	Any firearms now loaded?			Х		Х								
Firearms	Any firearms also unlocked?			Х		X								
Fit & Healthy														
Vermonters	Rate community as a safe place to walk												Χ	
Fit & Healthy	Use walking trails, parks, playgrounds, sports fields in your community for													
Vermonters	physical activity?												Χ	
Folic Acid	Currently take vitamins or supplements?					Х		Х		Х	Χ			
Folic Acid	Are any of these multivitamins?					Х		Χ		Χ	Χ			
Folic Acid	Do any of the vitamins or supplements you take contain folic acid?					Х		Χ		Χ	Χ			
Folic Acid	How often do you take this vitamin or supplement?					Х		Χ		Χ	Χ			
Folic Acid	Reason health experts recommend women take folic acid?					Х		Χ		Χ	Χ			
	How many times a week currently take multivitamin, prenatal vitamin, or													
Folic Acid	folic acid vitamin?													Χ

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Fruits and														
Vegetables	How often drink fruit juices?	X		X	X		X		X		Χ		Χ	
Fruits and														
Vegetables	Not counting juice, how often do you eat fruit?	X		X	X		X		Χ		Χ		Χ	
Vegetables	How often eat green salad?	X		X	X		X		Χ		Χ			
Vegetables	How often eat potatoes?	X		X	X		X		Χ		Χ			
Fruits and														
Vegetables	How often eat carrots?	X		X	X		X		Χ		Χ			
Fruits and	Not counting carrots, potatoes, or salad, how many servings of vegetables													
Vegetables	do you usually eat?	X		X	X		X		Χ		Χ		Χ	
Fruits and														
Vegetables	How often eat cooked or canned beans?												Χ	
Fruits and														
Vegetables	How often eat dark green vegetables?												Χ	
Fruits and	III													
Vegetables	How often eat orange-colored vegetables?												Χ	
Gambling	Gambled for money in the last 12 months?									X				
Gambling	Has the money spent on gambling led to financial problems?									X				
	Has the time spent on gambling led to problems with family, work or													
Gambling	personal life?									Х				
Gastrointestinal														
Disease	In past 30 days, had diarrhea that began within the 30 days period?								X					
Gastrointestinal														
Disease	Visit doctor for this diarrheal illness?								Х					
Gastrointestinal														J
Disease	When visited health care provider, did you provide a stool sample?								X					

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Health Care Access	Have any kind of health care coverage?	Χ	Х	Х	Χ	Х	Х	Х	Χ	Х	Χ	Х	Х	Χ
Health Care Access	Do you have Medicare?	Χ												
	What type of health care coverage do you use to pay for most of your													
Health Care Access	medical care?	X												
	There are some types of coverage you may not have considered. Tell me if													
	you have coverage through: your emplOyer, someone else's employer, a													
	plan that you or someone else bought on your own, Medicare, Medicaid,													
Health Care Access	military, Indian Health Service, Other	Χ												
Health Care Access	In past 12 months, was there a time you did not have health insurance?	Х	X											
Health Care Access	About how long has it been since you had health care coverage?	X												
Health Care Access	Have one person you think of as your personal doctor?		Х	Х	X	Х	Х	X	Х	Х	Х	X	Х	Х
rieallii Gare Access	Time during last 12 months when you needed to see a doctor by couldn't		^	^	^		^	^		^	^			^
Health Care Access	because of the cost?	Х			Х	Х	Х	X	Х	Х	Х	Х	Х	Х
				V										
Health Care Access	Time in past 12 months when you needed medical care but could not get it?			X										
Health Care Access	Main reason for not getting medical care?			Α										
Health Care Access	checkup?	Χ					Х	X	Χ	X	Χ	Х	X	Х
	When sick or need advice about health, which of the following places													
Health Care Access	usually go?			Х										
Health Status	Would you say that in general your health is	Х	X	X	X	Х	X	X	Χ	X	Χ	X	X	Х
	Now thinking about physical health, how many days in past 30 days was													
Health Status	physical health not good?	Χ	X		X	Х	X	X	Χ	X	Χ	Х	X	Х
	Now thinking about mental health, how many days in past 30 days was													
Health Status	mental health not good?	Χ	Х		Χ	Х	X	X	Χ	X	Χ	X	Х	Х
	Past 30 days, how many days did poor physical or mental health keep you													
Health Status	from doing usual activities?	Χ	Х		Χ	Х	Х	X	Χ	X	Χ	X	X	Х
Healthy Aging	Have tooth or mouth problems that make it hard for you to eat?	X	X	X	X	Х	X	Χ						
Healthy Aging	Take 3 or more different prescribed or OTC drugs a day?	Χ	X	X	Х	Χ	X	X						
Healthy Aging	Without wanting to, have you lost or gained more than 10lbs without trying?	Х	X	X	X	X	X	X						
Healthy Aging	Eat fruits and vegetables every day?	X			- \		,,							
	Drink at least 6-8 glasses of water, milk, fruit juice or uncaffeinated													
Healthy Aging	beverages each day?	Х	X	X	Х									
Healthy Aging	Hours per month spend participating in volunteer activities?	X												
i reality rightig	Trodio por monar opona participating in voluntoor activitios.	^												

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
HIV/AIDS and other														
STD/STI	What age think child should get education in school about HIV/AIDS?	X												
STD/STI	condom?	Х												
HIV/AIDS and other														
STD/STI	What are your chances of getting infected with HIV?	X												
HIV/AIDS and other	T/F - pregnant women with HIV can get treatment to help reduce chances													
STD/STI	of transmission to her baby?		X	Χ	X	X								
HIV/AIDS and other	T/F - are medical treatments available intended to help a person who is													
STD/STI	infected with HIV to live longer		X	X	X	X								
HIV/AIDS and other														
STD/STI	Effectiveness of treatments to help people with HIV live longer?		X											
HIV/AIDS and other														
STD/STI	Importance of people to know their HIV status by getting tested?		X	Χ	X									
HIV/AIDS and other														
STD/STI	Donated blood since March 1985?	X												
HIV/AIDS and other														
STD/STI	Donated blood in last 12 months?	X												
HIV/AIDS and other														
STD/STI	Ever been tested for HIV?	X	Х	Х	Х	Х	Х	Х	Х	Χ	Χ	Х	Х	Х
HIV/AIDS and other			7.	, ,				7.	7.	7.	- 1	7.	, ,	
STD/STI	Number of times tested for HIV in last 12 months					Х								
HIV/AIDS and other														
STD/STI	Month and year of last HIV test		Х	Х	X	Х	X	Х	Х	Χ	Χ	Х	Х	X
HIV/AIDS and other														
STD/STI	Tested for HIV in last 12 months?	X												
HIV/AIDS and other														
STD/STI	Main reason had last HIV test?	X	Х	Χ	X	X		Х	Χ		Χ	Х		X
HIV/AIDS and other														
STD/STI	Where had last HIV test?	X	X	Χ	X	X	X	X	X	X	Χ	X		X
HIV/AIDS and other														
STD/STI	Was last HIV test a rapid test?							X	X	X	Χ	Х		
HIV/AIDS and other														
STD/STI	Type of clinic went to for last HIV Test					X								
HIV/AIDS and other	Was HIV test done by nurse or other health worker, or with home testing													
STD/STI	kit?					X								
HIV/AIDS and other														
STD/STI	Received results of last HIV test?	X												
HIV/AIDS and other														
STD/STI	Received counseling or talk with HCP about HIV test results?	X												
HIV/AIDS and other														
STD/STI	Ever tested positive for HIV/AIDS?		X											

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	How frequently eat less than feel you should because there isn't enough													
Hunger	food or enough money to buy food?	Χ	Х	Χ	Х	Χ		Χ						
Hypertension														
Awareness	Ever been told by a doctor that you had high blood pressure?		X		Х		Χ		Χ		Х		Х	
Hypertension	Current taking medicine for your high blood proceure?		\ \ \				V		V		V		\ \ \	
Awareness	Current taking medicine for your high blood pressure?		Х		Х		Х		Х		Χ		Х	
Immunization - Adult	In past 12 month had flu shot?	X	Х	Х	Х	X	Х	X	Х	Х	Х		Х	X
Immunization - Adult	Month and year got most recent flu shot							X		Х	Х		X	X
Immunization - Adult	In past 12 months, had flu vaccine that was sprayed in your nose?					X	Х	X	Х	X	Х		Х	X
Immunization - Adult	Month and year got most recent flu vaccine that was sprayed in nose										Х		Х	Χ
Immunization - Adult	Where did you get last flu shot?			X		X	X						Х	
Immunization - Adult	Main reason not gotten flu vaccination for current flu season?							X						
Immunization - Adult	Ever had pneumonia shot?	Χ	Х	Х	Х	X		X	Х	Х	Х		Х	X
Immunization - Adult	Ever heard anything about pneumonia vaccine?									Х				
Immunization - Adult	How did you hear about the pneumonia vaccine?									Х				
Immunization - Adult	Has health care provider ever advised you to get a pneumonia vaccine?									Х				
Immunization - Adult	Ever had hepatitis B vaccine?							X	Х					
Immunization - Adult	Any of the following statements apply to you with regards to hepatitis B? Have hemophilia, taken IV drugs, sex for money/drugs, tested positive for HIV, had sex with someone who would say "yes" to any of these questions, more than two sex partners in the last year							X	X					
Immunization - Adult	Doctor ever said you have any of the following: lung problems, heart problems, diabetes, kidney problems, sickle cell anemia or other anemia, or weakened immune system,?							X						
	Do you still have any of the [above] problems?							Х						
Immunization - Adult	Currently work or volunteer in health care facility?							Х			Х		Х	
Immunization - Adult	Do you have direct face-to-face contact with patients in routine work?							X			X		Х	

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Immunization - Adult	Ever had shingles vaccine?										Χ			Х
Immunization - Child	In past 12 months, has child had a flu shot? (wording different in 2006)						X	Х	Х	Х				
Immunization - Child	In past 12 months, has child had flu vaccine sprayed in their nose?						X		Х	Х				
Immunization - Child	Month and year child got most recent flu vaccination?							Х						
Immunization - Child	Doctor ever said child has any of the following: lung problems, heart problems, diabetes, kidney problems, sickle cell anemia or other anemia, weakened immune system, or must take aspirin every day?							X						
Immunization - Child	Does child still have any of the [above] problems?							Х						
	Main reason child not had flu vaccination for the current flu season?							Х						
Intimate Partner														
Violence	In a safe place to answer these questions?										Χ			
Intimate Partner														
Violence	Has intimate partner ever threatened you with physical violence?						Χ							
Intimate Partner Violence	Has intimate partner ever threatened you or made you feel unsafe in some way?										Χ			
Intimate Partner	Has intimate partner ever hit, slapped, pushed, kicked, or physically hurt										- / (
Violence	you in any way?						Х				Χ			
Intimate Partner	, ca a,a, .										-,			
Violence	Has intimate partner ever tried to control your daily activities?										Χ			
Intimate Partner														
Violence	Has intimate partner ever attempted physical violence against you?						Х							
Intimate Partner														
Violence	Ever experienced unwanted sex by current or former intimate partner?						Х							
Intimate Partner	In past 12 months, experienced any physical violence or had unwanted sex													
Violence	with an intimate partner?						X							
Intimate Partner	In past 12 months, had any injuries, as result of this physical violence or													
Violence_	unwanted sex?						Х							
Intimate Partner	At time of most recent incident, what was relationship to intimate partner													
Violence	who was physically violent or had unwanted sex with yo?						X							
Kidney Disease	Ever told by doctor that you have kidney disease?												Х	X

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Lead Poisoning	Can small amounts of lead have an effect on a young child's health?									Х				
Lead Poisoning	When was building in which you live built?									Х	Х			
Lead Poisoning	Currently rent or own the building you live in?									Х				
Lead Poisoning	Ever checked your home for chipping, peeling or deteriorated paint?									X				
	In past 12 months, have you or a contractor dry sanded or dry scraped													
	paing, used a heat gun to remove paint, or machine sanded, sandblasted or													
Lead Poisoning	pressure washined paint in or on your home?										X			
	Do any of the following for chipping, peeling or deteriorated paint - dray													
	sanded/scraped, blocked access to the area, wet sanded/scraped, used													
Lead Poisoning	heat gun to remove, contact landlord?									X				
Marijuana	Ever used marijuana?								Х	X	Х	Х	Χ	Χ
Marijuana	In past 30 days, how many days used marijuana?								Х	Х	Х	Х	Χ	Χ
Marijuana	In past 30 days, how many times drove car when using marijuana?								X	Х	X	X		
	When calorie informationu is available in the restaurant, how often does													
Menu Labeling	this information help you decide what to order?													Χ
Multiple Sclerosis	Doctor ever told you have MS? (some years distinguishes last year vs. not)		X		Х	X								
Oral Health	How long since visited dentist for any reason?	Х		Х		Х		Χ		Χ		Χ		Χ
	Number of permanent teeth removed because of tooth decay or gum													
Oral Health	disease?	Х		X		Х		Х		X		X		Χ
Oral Health	How long since had teeth cleaned?	Х		Х		Х		Х		Х		Х		Χ
Oral Health	Main reason not visited dentist last year?	Х												
Oral Health	Have any insurance that covers some or all of your routine dental care?	Х												
Oral Health	Reason did not get dental care in last year?													Х
Oral Health	What kind of dental care coverage do you use to pay for dental care?													Х
Oral Health	Do you have one place that you go for regular dental care?													X
	Doctor ever talked with you about preventing osteoporosis or its													
Osteoporosis	complications through lifestyle changes?	X												
	Doctor ever told you had osteoporosis? (some years distinguishes last year													
Osteoporosis	vs. not)		Х	Х	Χ	Х		Χ	Х					

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	In past two years, did member of your family have a terminal illness for													
Palliative Care	which they received palliative care?											Х		
	Thinking about that family member's palliative care experience, on a scale													
	of 1 (worst) to 10 (best) rate following aspects of palliative care for													
	adequacy and appropriateness: Communication by the healthcare providers													
Palliative Care	about the illness, treatment options, and support for services available.											Х		
	Thinking about that family member's palliative care experience, on a scale													
	of 1 (worst) to 10 (best) rate following aspects of palliative care for													
Palliative Care	adequacy and appropriateness: Control of the patient's symptoms											Х		
	Thinking about that family member's palliative care experience, on a scale													
	of 1 (worst) to 10 (best) rate following aspects of palliative care for													
Palliative Care	adequacy and appropriateness: Emotional support for patient and family.											Х		
i alliative Gale	Did the palliative care improve the quality of your terminally ill family													
Palliative Care	member's life?											Х		
	Doctor ever told you have Parkinson's disease? (some years distinguishes													
Parkinson's Disease	last year vs. not)		Χ		X	Χ								
Prescription Drugs	Ever used prescription drug without your own prescription from a doctor?								X	X	Х	X	X	X
Frescription Drugs	Ever used a prescription drug in greater amounts or more often than								^	^	^	^	^	^
Prescription Drugs	prescribed for any reason other than prescribed?								X	Х	Х	Х		
i rescription Drugs	In past 30 days, how many days used a prescription drug without own									^	^			
Prescription Drugs	prescription?								Х	Х	Х	Х	Х	Х
	In past 20 days, how many days used prescription drug in greater amounts													
Dragarintian Drugg	In past 30 days, how many days used prescription drug in greater amounts or more often than prescribed or for any reason other than as prescribed?								\ \ <u>\</u>	\ \ \	\ \	\ \ <u>\</u>		
Prescription Drugs	or more often than prescribed or for any reason other than as prescribed?								Х	Х	Χ	Х		
Preventive	Destant annual lived with the second and the second				.,									
Counseling	Doctor ever talked with you about your diet or eating habits?				X									
Preventive	Deptor are tellined with your phont physical patinity or every:				V									
Counseling Preventive	Doctor ever talked with you about physical activity or exercise?				Х									
Counseling	Doctor ever talked with you about alcohol use?				X									

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Prostate Cancer														
Screening	Ever had a PSA test?		Χ	X		X		X		Χ		Χ		X
Prostate Cancer														
Screening	How long since last PSA test?		Χ	X		X		X		Χ		Χ		X
Prostate Cancer														
Screening	Ever had digital rectal exam?		Х	X		X		X		Χ		X		Χ
Prostate Cancer														
Screening	How long since last digital rectal exam?		X	X		Χ		X		Χ		X		Χ
Prostate Cancer														
Screening	Ever told by doctor that you have prostate cancer?		X	X		Х		X		Χ		X		X
Prostate Cancer	Father, brother, son or grandfather ever told by doctor have prostate													
Screening	cancer?		Х											
Prostate Cancer	Doctor ever discussed benefits and risks of prostate cancer screening													
Screening	and/or treatment?											Х		
Radon	Household air ever tested for radon gas?			Х	Х	Х					Χ			
Radon	Has radon reduction/mitigation system been installed in your home?										Х			
Random Child														
Selection	Birth month and year of [selected] child?						Х	Х	Χ	Х	Χ	Х	Х	
Random Child														
Selection	Is child boy or girl?						Х	X	Χ	Х	Χ	Х	Х	
Random Child	, 0													
Selection	Is child hispanic or latino?						Х	X	Х	Χ	Х	Χ	Х	
Random Child														
Selection	Child's race (multiple and preferred)?						X	X	Х	Χ	Χ	Χ	Х	
Random Child														
Selection	Adult's (respondent) relationship to child?						Х	Χ	Χ	Χ	Χ	Χ	Х	
	In past 12 months, when seeking healthcare, feel your experiences were													
Reactions to Race	worse than, the same as, or better than those for people of other races?									Χ	Χ			
	In past 30 days, experienced ad physical symptoms, as a result of how you													
Reactions to Race	were treated based on your race?									X	Χ			
Reason for														
Participating in														
BRFSS	Which of the following best describes your decision		Х											
Seat Belts	How often use seatbelts when drive or ride in car?			Х				X	Χ	Χ		Χ	Χ	X
Sexual Behavior	During past 12 months, had sex?	Х												

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Sexual Behavior	During past 12 months, how many people had sex with?	X	Х	X	X	Χ	Χ			X	Χ	Х		Х
	During past 12 months, had sex with only males, only females, or both													
Sexual Behavior	males and females?	X	X	X	X	X	Χ			X				X
Sexual Behavior	Was that person male or female?		Χ	Х	X	X	Χ							
Sexual Behavior	In past 12 months had sex with someone you consider to be your main sex partner?	Х	X	Х	X	X	X							
Sexual Behavior	If had one main partner in past 12 months, think of main partner you last had sex with. Was person male or female?	X												
Sexual Behavior	Last time had sex, you or partner used plastic or latex barrier? (asked of main and non-main partners)	Х	Х	Х	Х	Х	Х			Х				
Sexual Behavior	In past 12 months, had sex with someone who is not your main partner or whom you did not consider to be you main partner at the time?	Х	X	X	X	X	X							X
Sexual Behavior	Last time had sex with someone who is/was not your main sex partner, person was man or woman?	Х												
Sexual Orientation	Do you consider yourself to be (Heterosexual, Homosexual, Bisexual, Other)	Х	Х	X										
Sexual Orientation	Do you consider yourself to be transgender?	Х	Χ			Х								
STD/STI and High Risk Behaviors	In past 12 months, doctor talked with you about preventing sexually transmitted diseases through condom use?		Х	Х	Х	Х								
STD/STI and High Risk Behaviors	Any of the following high risk behaviors apply to you in last year? IV Drug use, treated for STD/VD, money for sex, anal sex without a condom			X	X	X	X			X	X	X	X	X
STD/STI and High Risk Behaviors	Any of the following high risk behaviors apply to you in last year? IV Drug use, treated for STD/VD, money for sex, tested positive for HIV/AIDS, had more than one sex partner in lat year	X												
STD/STI and High Risk Behaviors	In past year, treated for STD or VD?		Х											
STD/STI and High Risk Behaviors	In past 12 months, doctor talked to you about STIs?										X	Х		
STD/STI and High Risk Behaviors	In past year, used non-prescribed IV drugs? (distinguishes between those that used and shared needles vs. those that did not share needles)		X			X	Х							
STD/STI and High Risk Behaviors	In past year, given or received money or drugs for sex?		Х											

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Sexual Violence	Option to skip sexual violence questions						Х							
	In past 12 months, anyone exposed you to unwanted sexual situations not													
Sexual Violence	involving physical touching?						X							
	In past 12 months, anyone touched sexual parts of your body without your													
Sexual Violence	consent?						X							
	In past 12 months, anyone attempted to have sex with you without your													
Sexual Violence	consent, but sex did not occur?						X							
Sexual Violence	In past 12 months, anyone had sex with you without your consent?						Χ							
	At time of most recent incident, what was your relationship to the person													
Sexual Violence	who had sex/attempted to have sex with you without your consent?						Х							
Sexual Violence	Was person who did this male or female?						X							
	Has anyone ever attempted to have sex with you without your consent, but													
Sexual Violence	sex did not occur?						X							
Sexual Violence	Has anyone ever had sex with you without your consent?						X							
	Use of skin cancer prevention methods when in sun for more than an hour -													
Skin Cancer	sunscreen, stay in shade, wear protective clothing? (Broken in to three y/n													
Prevention	variables in 2001)		X					X						
Skin Cancer														
Prevention	Used tanning booth in last 12 months?		X					X						
Social Support	How often do you get the social and emotional support you need?				X	X	Х	Χ	Χ	Χ	X	Χ		Χ
Social Support	How satisfied are you with your life?						Х	Х	Х	Х	Х	Х		
Suicide	Past 12 months, ever seriously considered attempting suicide?		X	X	X	Х	Х	Х						
Suicide	Past 12 months, how many times actually attempted suicide?		Χ	Χ	Х	Х	X	Χ						
Sun Exposure	Had sunburn in last 12 months?				Х	Х						Х		
Sun Exposure	How many sunburns have you had in last 12 months?				Х	Х								
Tetanus Diptheria	Have you received tetanus shot in past 10 years?										Χ			Χ
Tetanus Diptheria	Was most recent tetanus shot given in 2005 or later?										Χ			Χ
·	Did your doctor say your recent tetanus shot included the pertussis or													
Tetanus Diptheria	whooping cough vaccine?										Χ			Χ

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Tobacco Use	Smoked at least 100 cigarettes in lifetime?	X	Χ	Х	X	X	X	X	Х	Х	Χ	Х	Χ	Х
Tobacco Use	Now smoke everyday, some days, not at all?	X	Х	Χ	Х	Х	Х	Χ	Χ	Х	Χ	Χ	Χ	Х
Tobacco Use	On average, number of cigarettes smoke per day?	X												
Tobacco Use	Past 12 months, quit for at least one day?	X	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Χ	Х
Tobacco Use	How long since last smoked cigarettes regularly?	Х									Χ	Х	Χ	Х
Tobacco Use	Currently use chew every day, somedays or not at all?									Х	Χ	Х	Х	Х
	In past 30 days, has anyone, including self, smoked anywhere inside your													
Tobacco Use	home?	X	Χ	Х										
Tobacco Use	Doctor ever advised you to quit smoking?	Х	Χ	Х	Х									
Tobacco Use	Dentist ever advised you to quit smoking?			Х										
Tobacco Use	Ever tried smokeless tobacco products?									Х				
Tobacco Use	Now smoke cigars ever day, some days or not at all?										Х			
Tobacco Use	In past 30 days, on how many days smoked cigarettes?										Χ			
	Do you have any trouble seeing, even when wearing glasses or contact													
Vision Impairment	lenses?												Χ	Х
Weight Control	Now trying to lose weight?	Х			Х	Х	Х			Χ				
Weight Control	Now trying to maintain weight?	X			Х	Х	Х			Х				
Weight Control	Eating fewer calories to lose weight or keep from gaining weight?	Х			Х	Х	Х			Х				
Weight Control	Using physical activity to lose weight or keep from gaining weight?	X			Х	Х	Х			Х				
Weight Control	In past 12 months, doctor given you advice about your weight?	X			X	X	Х			Χ				
Women's Health	Ever had mammogram?	X		Х	X	Χ	X	X		X		Χ		Х
Women's Health	How long since last mammogram?	X		Х	X	Х	Х	X		Х		Χ		Х
Women's Health	Why was last mammogram done?	Х			Х									
Women's Health	How long before last mammogram was previous one done?				Х									
Women's Health	Ever had clinical breast exam?	X		Х	Х	Х	Х	X		Х		Χ		Х
Women's Health	Why was last breast exam done?	X												
Women's Health	Ever had a Pap smear?	X		Х	Х	Х	Х	X		Х		Χ		Х
Women's Health	How long since last Pap smear?	X		Х	Х	Х	Х	X		Х		Χ		Х
Women's Health	Why was last Pap smear done?	X												
Women's Health	Had hysterectomy?	X		Х	Х	Х		X		Х		Χ		Х
Women's Health	Ever had one or both ovaries removed?			Χ										
	In past 30 days, taken any medication prescribed by doctor as hormone													
Women's Health	replacement therapy?			Χ										